

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **70718121**

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	DID	DEP	DID	DEP	DID	DEP		DID	DEP	DID	DEP	DID	DEP	DID	DEP
1							51								
2							52								
3							53								
4							54								
5							55								
6							56								
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42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	2						TOTAL IND.								
TOTAL DEP.	12						TOTAL DEP.								
TOTAL CLAIMS	14						TOTAL CLAIMS								